



COCONINO COUNTY
PUBLIC HEALTH SERVICES DISTRICT
ENVIRONMENTAL SERVICES

Office Use Only:

Date: _____

Received by: _____

Copy to: _____

Barbara Worgess
Chief Health Officer

Intake Form: Health Services Licensed Operations

Plan Review is required for the following: **New Construction**, **New Owners of Existing Establishments**, or **Tenant Improvements** as part of the licensing process. Certain “**public operations**” are required to operate under a “**health license**” or “**health permit**” which is issued when the operation is found in compliance with State and/or County Health Rules and Regulations. In some instances, more than one health license may be required.

There are several steps for obtaining or maintaining a **Health License/Permit**. In order to serve you better, please provide the following information in the spaces below. When this form is returned to Environmental Services an **inspector** or the **plans examiner** will contact you within **five (5) County business days** and assist you further.

PLEASE PRINT CURRENT CONTACT INFORMATION:

NAME: _____

NAME OF NEW ESTABLISHMENT: _____

NAME OF PREVIOUS ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (WK) _____ (CELL/OTHER) _____

FAX: _____ EMAIL: _____

PLEASE CHECK 3 ALL CATAGORIES THAT APPLY:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Mobile Food Unit	<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Campground/Picnic
<input type="checkbox"/> Bakery	<input type="checkbox"/> Caterer	<input type="checkbox"/> Hotel/Motel/Hostel/	<input type="checkbox"/> Ground
<input type="checkbox"/> Meat Market	<input type="checkbox"/> Bar	<input type="checkbox"/> B&B	<input type="checkbox"/> School
<input type="checkbox"/> Deli	<input type="checkbox"/> Grocery	<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Food Processor
<input type="checkbox"/> Snack Bar	<input type="checkbox"/> Continental Breakfast	<input type="checkbox"/> Trailer Park/RV Park	<input type="checkbox"/> Remodeling

I, the undersigned, have read and understand the information above. I have completed the intake form to the best of my ability, and understand that this is just the first step towards obtaining or maintaining an operating license. I additionally understand I will be required to submit plans and specifications for review for any construction or alterations I have planned **and/or alterations identified by the Environmental Health Specialist** upon inspection of the specified operation(s).

Signature: _____ Date: _____

Revised meg 1/4/11